

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17851

FILED
May 02, 2006
Secretary of State

Entity Name: HOLY OUTREACH FOR CHRIST, HOUSE OF PRAYER ASSEMBLY, INC.

Current Principal Place of Business:

2818 EAST OSBORNE AVENUE
TAMPA, FL 336106336

New Principal Place of Business:

Current Mailing Address:

2818 EAST OSBORNE AVENUE
TAMPA, FL 336106336

New Mailing Address:

FEI Number: 59-3221811 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, ALA F.
112 E PLYMOUTH STREET
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, ALA F.,
Address: 2415 E. LOUISIANA
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: ATKINS, A
Address: 3003 E FLORA ST
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: FLOWERS, IRIS
Address: 923 W PLYMOUTH STREET
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: DOYLE, DORIS,
Address: 3906 29TH ST.
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: PARTIN, P
Address: 6908 CASTLE GATE DR, APT B
City-St-Zip: TAMPA, FL 33617

Title: S () Delete
Name: FLOWERS, L
Address: 6810 C N 50TH ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON,ALA F

DP

05/02/2006

Electronic Signature of Signing Officer or Director

Date